

Surveyor: NAR

REF:

MID 180133715

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SG 5435J Yr Regn: 15 FEB 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: VOLVO B9TL 9.4L c.c. 9,364

Colour: GREEN A/C: Insured / Std / NI / NA

Sp. Reading: 88,529 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YV354P924HA181170

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 275/70 R 22.5

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or PIRELLA

Front 7 mm Rear 7 mm

R/Bal. 7 mm L/Bal. 7 mm

D.O.A. 12/9/18 D.O.I. 27/9/18

Survey held at SMART WOODLAND

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

MID P/P

27/9/19 - Re-open ref to amend survey report -> \$11886.15
27/10/19 - Re-open ref only, 1st close date 27/5/19
R (\$2,696.19/24%)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

☐ : Site Insp (\$ _____) S + RS. SI
☐ : Interview (\$ _____) Photos
☐ : Tech. Invs (\$ _____) Others
☐ : Weekend (\$ _____)

Report Format: _____

Lump Sum / I.B.I: (\$ _____)

TOTAL